## N00067375 Date Filed: 6/11/2016 Jason Kander Missouri Secretary of State

*	SECTION 1, 3 & 4 ARE	REQUIRE
	DEDORT DITE BY:	g /21 /201

N00067375
THE LOOP TROLLEY COMPANY
BENJAMIN UCHITELLE
41 CRESTWOOD DR
CLAYTON MO 63105

	ORGANIZI <b>Missouri</b>	ED UNDER 1	THE LAWS OF:		
PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:					
	C/o Ben l	Jchitelle		(Required)	
	41 CRESTWOOD DR				
	STREET <b>Clayton</b>	мо	63105		
	CITY / STA	ATE	ZIP		

	1 41 CRESTWOOD DR									
			STREET							
			Clayton MO	63105						
			CITY / STATE	ZIP						
	If changing the registered agent and/or reg	istered office address, please che	ck the appropriate bo	ox(es) and fill in the necessary information.						
	☐ The new registered agent									
	IF CHANGING THE REGISTERED AGENT, AN	ORIGINAL WRITTEN CONSENT FR	OM THE NEW		_					
2	REGISTERED AGENT MUST BE ATTACHED A	GISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.								
	☐ The new registered office address									
	Must be a Missouri address, PO Box alone	s not acceptable. This section is r	not applicable for Ban	ks, Trusts and Foreign Insurance.						
	OFFICERS			BOARD OF DIRECTORS	*					
	NAME AND PHYSICAL ADDRESS (P.O. BOX A	LONE NOT ACCEPTABLE).	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).  MUST LIST AT LEAST THREE DIRECTORS BELOW  B							
	MUST LIST PRESIDENT AND SECR	ETARY BELOW A	MUS	ST LIST AT LEAST THREE DIRECTORS BELOW	D					
	<u>PRESIDENT</u> Sterman, Les	<u>PRESIDENT</u> Sterman, Les		Tucci, Kim						
	STREET 1121 Locust St.		STREET	1143 Mackland Ave.						
	Apt 402 CITY/STATE/ZIP St. Louis MO 63101		CITY/STATE/ZIP	St. Louis MO 63110						
	SECRETARY Adams, Joe		NAME	Sehr, Tom						
	STREET 924 Wild Cherry		STREET	3863 Utah Place						
3	CITY/STATE/ZIP University City MO 63120		CITY/STATE/ZIP	St Louis MO 63116						
	TREASURER Uchitelle, Ben		NAME	Windmiller, Rose						
	41 Crestwood Dr			One Brookings Drive						
	STREET 41 CICSWOOD 51.		STREET	Campus Box 1191						
	CITY/STATE/ZIP Clayton MO 63105		CITY/STATE/ZIP	St. Louis MO 63130						
			<u>NAME</u>	Sterman, Les						
	STREET		STREET	1121 Locust St.						
	CITY/STATE/ZIP		CITY/STATE/ZIP	SAINT LOUIS MO 63101						
			, ,							
	The undersigned understands that false statements made in this report are punishable for the crime of making a false *									
	declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.									
4	Authorized party or officer sign here Ben Uchitelle			(Required)						
	Please print name and title of signer: Ben Uchitelle		1	Treasurer						
Ш		NAME		TITLE						
	REGISTRATION REPORT FEE IS:		WHEN THIS FOR	RM IS ACCEPTED BY THE SECRETARY OF STATE	, BY LAW					
	\$10.00 If filed on or before 8/31/2016		IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION							
	\$15.00 If filed after 9/30/2016		PROVIDED IS SU	JBJECT TO PUBLIC DISCLOSURE						
	Corporation will be administratively dissolve	ed if report is not filed by								
	11/29/2017									
E-MAIL ADDRESS (OPTIONAL): ben.uchitelle@gmail.com										
4	CITY/STATE/ZIP SAINT LOUIS MO 63101  NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED  The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable.									
	Please print name and title of signer	Ben Uchitelle	1	Treasurer						
	ricase print name and title of signer.		1							
			,							
Н	DECISTRATION DEPOST SES IS	NAME								
				WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW						
	\$15.00 If filed after 9/30/2016									
	Corporation will be administratively dissolved if report is not filed by									
	11/29/201/									
			E-MAIL ADDRESS	(OPTIONAL): ben.uchitelle@gmail.com						